


VIA FACSIMILE - 571-273-8300
2 pages

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 3160-US-CNT		
Serial No. 10/715,667	Filing Date November 14, 2003	Examiner R. DeBerry	Group Art Unit 1647			
In Re Application of David J. Cosman et al. For HEMATOPOIETIN RECEPTORS (as amended)						
RECEIVED CENTRAL FAX CENTER JAN 31 2007						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$120.00) <input checked="" type="checkbox"/> Two months of original due date (\$450.00) <input type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00) 						
<input type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$50	= \$ 0.00
Indep. Claims		Minus	=	0	x \$200	= \$ 0.00
					+ \$360	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						\$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
<p>If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ 						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$ _____. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
22932 Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 Thomas J. Wrona Attorney/Agent for Applicant(s) Registration No.: 44,410 Phone: (206) 265-7374 Date: January 31, 2007						

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

Jan. 31, 2007
Date
Signature